

AMENDED IN SENATE JUNE 12, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 87

Introduced by Committee on Budget (Blumenfield (Chair), Bloom, Bonilla, Campos, Chesbro, Daly, Dickinson, Gordon, Jones-Sawyer, Mitchell, Mullin, Muratsuchi, Nazarian, Rendon, Skinner, Stone, and Ting)

January 10, 2013

An act relating to the Budget Act of 2013 to amend Section 5892 of, and to add Part 3.8 (commencing with Section 5848.5) to Division 5 of, the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor, to take effect immediately, bill related to the budget.

LEGISLATIVE COUNSEL'S DIGEST

AB 87, as amended, Committee on Budget. ~~Budget Act of 2013.~~
Investment in Mental Health Wellness Act of 2013.

The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority (authority) to make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions for financing or refinancing the acquisition, construction, or remodeling of health facilities.

Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. The act, as originally enacted, limited state administrative costs to implement duties pursuant to the programs to 5% of the total

of annual revenues received for the fund. Existing law limits state administrative costs to 3.5%. Existing law establishes the Mental Health Services Oversight and Accountability Commission (commission) to oversee the administration of various parts of the Mental Health Services Act. The act provides that it may be amended by the Legislature by a ²/₃ vote of each house as long as the amendment is consistent with and furthers the intent of the act, and that the Legislature may also clarify procedures and terms of the act by majority vote.

This bill would restore the limit on state administrative costs to 5%.

This bill would establish the Investment in Mental Health Wellness Act of 2013. The bill would provide that funds appropriated by the Legislature to the authority for the purposes of the act be made available to selected counties or counties acting jointly, except as otherwise provided, and used to increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. The bill would require the authority to develop and to consider specified selection criteria for awarding grants, as prescribed. The bill would require the authority to provide prescribed reports to the fiscal and policy committees of the Legislature on May 1, 2014, and May 1, 2015. The bill would provide that funds appropriated by the Legislature to the commission for the purposes of the act be allocated to selected counties, counties acting jointly, or city mental health departments, as determined by the commission through a selection process, for triage personnel to provide intensive case management and linkage to services for individuals with mental health disorders. The bill would authorize triage personnel to provide targeted case management services face to face, by telephone, or by telehealth. The bill would require the commission to consider specified selection criteria for awarding grants, and require the commission to provide a prescribed report to the fiscal and policy committees of the Legislature by March 1, 2014. The bill would prohibit funds awarded by the authority or commission from being used to supplant existing financial and resource commitments of the grantee.

The bill would appropriate \$500,000 from the General Fund to the California Health Facilities Financing Authority for these purposes.

This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

~~This bill would express the intent of the Legislature to enact statutory changes relating to the Budget Act of 2013.~~

Vote: majority. Appropriation: ~~no~~-yes. Fiscal committee: ~~no~~
yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Part 3.8 (commencing with Section 5848.5) is
2 added to Division 5 of the Welfare and Institutions Code, to read:

3
4 PART 3.8. COMMUNITY-BASED SERVICES
5

6 5848.5. (a) *The Legislature finds and declares all of the*
7 *following:*

8 (1) *California has realigned public community mental health*
9 *services to counties and it is imperative that sufficient*
10 *community-based resources be available to meet the mental health*
11 *needs of eligible individuals.*

12 (2) *Increasing access to effective outpatient and crisis*
13 *stabilization services provides an opportunity to reduce costs*
14 *associated with expensive inpatient and emergency room care and*
15 *to better meet the needs of individuals with mental health disorders*
16 *in the least restrictive manner possible.*

17 (3) *Almost one-fifth of people with mental health disorders visit*
18 *a hospital emergency room at least once per year. If an adequate*
19 *array of crisis services is not available, it leaves an individual*
20 *with little choice but to access an emergency room for assistance*
21 *and, potentially, an unnecessary inpatient hospitalization.*

22 (4) *Recent reports have called attention to a continuing problem*
23 *of inappropriate and unnecessary utilization of hospital emergency*
24 *rooms in California due to limited community-based services for*
25 *individuals in psychological distress and acute psychiatric crisis.*
26 *Hospitals report that 70 percent of people taken to emergency*
27 *rooms for psychiatric evacuation can be stabilized and transferred*
28 *to a less intensive level of crisis care. Law enforcement personnel*
29 *report that their personnel need to stay with people in the*
30 *emergency room waiting area until a placement is found, and that*
31 *less intensive levels of care tend not to be available.*

32 (5) *Comprehensive public and private partnerships at both local*
33 *and regional levels, including across physical health services,*
34 *mental health, substance use disorder, law enforcement, social*
35 *services, and related supports, are necessary to develop and*

1 *maintain high quality, patient-centered, and cost-effective care*
2 *for individuals with mental health disorders that facilitates their*
3 *recovery and leads towards wellness.*

4 *(6) The recovery of individuals with mental health disorders is*
5 *important for all levels of government, business, and the local*
6 *community.*

7 *(b) This section shall be known, and may be cited, as the*
8 *Investment in Mental Health Wellness Act of 2013. The objectives*
9 *of this section are to do all of the following:*

10 *(1) Expand access to early intervention and treatment services*
11 *to improve the client experience, achieve recovery and wellness,*
12 *and reduce costs.*

13 *(2) Expand the continuum of services to address crisis*
14 *intervention, crisis stabilization, and crisis residential treatment*
15 *needs that are wellness, resiliency, and recovery oriented.*

16 *(3) Add at least 25 mobile crisis support teams and at least*
17 *2,000 crisis stabilization and crisis residential treatment beds to*
18 *bolster capacity at the local level to improve access to mental*
19 *health crisis services and address unmet mental health care needs.*

20 *(4) Add at least 600 triage personnel to provide intensive case*
21 *management and linkage to services for individuals with mental*
22 *health care disorders at various points of access, such as at*
23 *designated community-based service points, homeless shelters,*
24 *and clinics.*

25 *(5) Reduce unnecessary hospitalizations and inpatient days by*
26 *appropriately utilizing community-based services and improving*
27 *access to timely assistance.*

28 *(6) Reduce recidivism and mitigate unnecessary expenditures*
29 *of local law enforcement.*

30 *(7) Provide local communities with increased financial*
31 *resources to leverage additional public and private funding sources*
32 *to achieve improved networks of care for individuals with mental*
33 *health disorders.*

34 *(c) Through appropriations provided in the annual Budget Act*
35 *for this purpose, it is the intent of the Legislature to authorize the*
36 *California Health Facilities Financing Authority, hereafter referred*
37 *to as the authority, and the Mental Health Services Oversight and*
38 *Accountability Commission, hereafter referred to as the*
39 *commission, to administer competitive selection processes as*
40 *provided in this section for capital capacity and program expansion*

1 *to increase capacity for mobile crisis support, crisis intervention,*
2 *crisis stabilization services, crisis residential treatment, and*
3 *specified personnel resources.*

4 *(d) Funds appropriated by the Legislature to the authority for*
5 *the purposes of this section shall be made available to selected*
6 *counties, or counties acting jointly. The authority may, at its*
7 *discretion, also give consideration to private nonprofit*
8 *corporations and public agencies in an area or region of the state*
9 *if a county, or counties acting jointly, affirmatively supports this*
10 *designation and collaboration in lieu of a county government*
11 *directly receiving grant funds.*

12 *(1) Grant awards made by the authority shall be used to expand*
13 *local resources for the development, capital, equipment acquisition,*
14 *and applicable program startup or expansion costs to increase*
15 *capacity for client assistance and services in the following areas:*

16 *(A) Crisis intervention, as authorized by Sections 14021.4,*
17 *14680, and 14684.*

18 *(B) Crisis stabilization, as authorized by Sections 14021.4,*
19 *14680, and 14684.*

20 *(C) Crisis residential treatment, as authorized by Sections*
21 *14021.4, 14680, and 14684.*

22 *(D) Rehabilitative mental health services, as authorized by*
23 *Sections 14021.4, 14680, and 14684.*

24 *(E) Mobile crisis support teams, including personnel and*
25 *equipment, such as the purchase of vehicles.*

26 *(2) The authority shall develop selection criteria to expand local*
27 *resources, including those described in paragraph (1), and*
28 *processes for awarding grants after consulting with representatives*
29 *and interested stakeholders from the mental health community,*
30 *including, but not limited to, county mental health directors, service*
31 *providers, consumer organizations, and other appropriate interests,*
32 *such as health care providers and law enforcement, as determined*
33 *by the authority. The authority shall ensure that grants result in*
34 *cost-effective expansion of the number of community-based crisis*
35 *resources in regions and communities selected for funding. The*
36 *authority shall also take into account at least the following criteria*
37 *and factors when selecting recipients of grants and determining*
38 *the amount of grant awards:*

39 *(A) Description of need, including, at a minimum, a*
40 *comprehensive description of the project, community need,*

1 *population to be served, linkage with other public systems of health*
2 *and mental health care, linkage with local law enforcement, social*
3 *services, and related assistance, as applicable, and a description*
4 *of the request for funding.*

5 *(B) Ability to serve the target population, which includes*
6 *individuals eligible for Medi-Cal and individuals eligible for county*
7 *health and mental health services.*

8 *(C) Geographic areas or regions of the state to be eligible for*
9 *grant awards, which may include rural, suburban, and urban*
10 *areas, and may include use of the five regional designations utilized*
11 *by the California Mental Health Directors Association.*

12 *(D) Level of community engagement and commitment to project*
13 *completion.*

14 *(E) Financial support that, in addition to a grant that may be*
15 *awarded by the authority, will be sufficient to complete and operate*
16 *the project for which the grant from the authority is awarded.*

17 *(F) Ability to provide additional funding support to the project,*
18 *including public or private funding, federal tax credits and grants,*
19 *foundation support, and other collaborative efforts.*

20 *(G) Memorandum of understanding among project partners, if*
21 *applicable.*

22 *(H) Information regarding the legal status of the collaborating*
23 *partners, if applicable.*

24 *(I) Ability to measure key outcomes, including improved access*
25 *to services, health and mental health outcomes, and cost benefit*
26 *of the project.*

27 *(3) The authority shall determine maximum grants awards,*
28 *which shall take into consideration the number of projects awarded*
29 *to the grantee, as described in paragraph (1), and shall reflect*
30 *reasonable costs for the project and geographic region. The*
31 *authority may allocate a grant in increments contingent upon the*
32 *phases of a project.*

33 *(4) Funds awarded by the authority pursuant to this section*
34 *may be used to supplement, but not to supplant, existing financial*
35 *and resource commitments of the grantee or any other member of*
36 *a collaborative effort that has been awarded a grant.*

37 *(5) All projects that are awarded grants by the authority shall*
38 *be completed within a reasonable period of time, to be determined*
39 *by the authority. Funds shall not be released by the authority until*
40 *the applicant demonstrates project readiness to the authority's*

1 satisfaction. If the authority determines that a grant recipient has
2 failed to complete the project under the terms specified in awarding
3 the grant, the authority may require remedies, including the return
4 of all or a portion of the grant.

5 (6) A grantee that receives a grant from the authority under this
6 section shall commit to using that capital capacity and program
7 expansion project, such as the mobile crisis team, crisis
8 stabilization unit, or crisis residential treatment program, for the
9 duration of the expected life of the project.

10 (7) The authority may consult with a technical assistance entity,
11 as described in paragraph (5) of subdivision (a) of Section 4061
12 of the Welfare and Institutions Code, for the purposes of
13 implementing this section.

14 (8) The authority may adopt emergency regulations relating to
15 the grants for the capital capacity and program expansion projects
16 described in this section, including emergency regulations that
17 define eligible costs and determine minimum and maximum grant
18 amounts.

19 (9) The authority shall provide reports to the fiscal and policy
20 committees of the Legislature on or before May 1, 2014, and or
21 before May 1, 2015, on the progress of implementation, that
22 includes, but are not limited to, the following:

23 (A) A description of each project awarded funding.

24 (B) The amount of each grant issued.

25 (C) A description of other sources of funding for each project.

26 (D) The total amount of grants issued.

27 (E) A description of project operation and implementation,
28 including who is being served.

29 (10) A recipient of a grant provided pursuant to paragraph (1)
30 shall adhere to all applicable laws relating to scope of practice,
31 licensure, certification, staffing, and building codes.

32 (e) Funds appropriated by the Legislature to the commission
33 for the purposes of this section shall be allocated for triage
34 personnel to provide intensive case management and linkage to
35 services for individuals with mental health disorders at various
36 points of access. These funds shall be made available to selected
37 counties, counties acting jointly, or city mental health departments,
38 as determined by the commission through a selection process. It
39 is the intent of the Legislature for these funds to be allocated in
40 an efficient manner to encourage early intervention and receipt

1 of needed services for individuals with mental health disorders,
2 and to assist in navigating the local service sector to improve
3 efficiencies and the delivery of services.

4 (1) Triage personnel may provide targeted case management
5 services face to face, by telephone, or by telehealth with the
6 individual in need of assistance or his or her significant support
7 person, and may be provided anywhere in the community. These
8 service activities may include, but are not limited to, the following:

9 (A) Communication, coordination, and referral.

10 (B) Monitoring service delivery to ensure the individual accesses
11 and receives services.

12 (C) Monitoring the individual's progress.

13 (D) Providing placement service assistance and service plan
14 development.

15 (2) The commission shall take into account at least the following
16 criteria and factors when selecting recipients and determining the
17 amount of grant awards for triage personnel as follows:

18 (A) Description of need, including potential gaps in local service
19 connections.

20 (B) Description of funding request, including personnel and use
21 of peer support.

22 (C) Description of how triage personnel will be used to facilitate
23 linkage and access to services, including objectives and anticipated
24 outcomes.

25 (D) Ability to obtain federal Medicaid reimbursement, when
26 applicable.

27 (E) Ability to administer an effective service program and the
28 degree to which local agencies and service providers will support
29 and collaborate with the triage personnel effort.

30 (F) Geographic areas or regions of the state to be eligible for
31 grant awards, which shall include rural, suburban, and urban
32 areas, and may include use of the five regional designations utilized
33 by the California Mental Health Directors Association.

34 (3) The commission shall determine maximum grant awards,
35 and shall take into consideration the level of need, population to
36 be served, and related criteria, as described in paragraph (2), and
37 shall reflect reasonable costs.

38 (4) Funds awarded by the commission for purposes of this
39 section may be used to supplement, but not supplant, existing

1 *financial and resource commitments of the county, counties acting*
2 *jointly, or city mental health department that received the grant.*

3 *(5) Notwithstanding any other law, a county, counties acting*
4 *jointly, or city mental health department that receives an award*
5 *of funds for the purpose of supporting triage personnel pursuant*
6 *to this subdivision is not required to provide a matching*
7 *contribution of local funds.*

8 *(6) Notwithstanding any other law, the commission, without*
9 *taking any further regulatory action, may implement, interpret, or*
10 *make specific this section by means of informational letters,*
11 *bulletins, or similar instructions.*

12 *(7) The commission shall provide a status report to the fiscal*
13 *and policy committees of the Legislature on the progress of*
14 *implementation no later than March 1, 2014.*

15 *SEC. 2. Section 5892 of the Welfare and Institutions Code is*
16 *amended to read:*

17 5892. (a) In order to promote efficient implementation of this
18 act, the county shall use funds distributed from the Mental Health
19 Services Fund as follows:

20 (1) In 2005–06, 2006–07, and in 2007–08 10 percent shall be
21 placed in a trust fund to be expended for education and training
22 programs pursuant to Part 3.1.

23 (2) In 2005–06, 2006–07 and in 2007–08 10 percent for capital
24 facilities and technological needs distributed to counties in
25 accordance with a formula developed in consultation with the
26 California Mental Health Directors Association to implement plans
27 developed pursuant to Section 5847.

28 (3) Twenty percent of funds distributed to the counties pursuant
29 to subdivision (c) of Section 5891 shall be used for prevention and
30 early intervention programs in accordance with Part 3.6
31 (commencing with Section 5840) of this division.

32 (4) The expenditure for prevention and early intervention may
33 be increased in any county in which the department determines
34 that the increase will decrease the need and cost for additional
35 services to severely mentally ill persons in that county by an
36 amount at least commensurate with the proposed increase.

37 (5) The balance of funds shall be distributed to county mental
38 health programs for services to persons with severe mental illnesses
39 pursuant to Part 4 (commencing with Section 5850), for the

1 children's system of care and Part 3 (commencing with Section
2 5800), for the adult and older adult system of care.

3 (6) Five percent of the total funding for each county mental
4 health program for Part 3 (commencing with Section 5800), Part
5 3.6 (commencing with Section 5840), and Part 4 (commencing
6 with Section 5850) of this division, shall be utilized for innovative
7 programs in accordance with Sections 5830, 5847, and 5848.

8 (b) In any year after 2007–08, programs for services pursuant
9 to Part 3 (commencing with Section 5800), and Part 4
10 (commencing with Section 5850) of this division may include
11 funds for technological needs and capital facilities, human resource
12 needs, and a prudent reserve to ensure services do not have to be
13 significantly reduced in years in which revenues are below the
14 average of previous years. The total allocation for purposes
15 authorized by this subdivision shall not exceed 20 percent of the
16 average amount of funds allocated to that county for the previous
17 five years pursuant to this section.

18 (c) The allocations pursuant to subdivisions (a) and (b) shall
19 include funding for annual planning costs pursuant to Section 5848.
20 The total of these costs shall not exceed 5 percent of the total of
21 annual revenues received for the fund. The planning costs shall
22 include funds for county mental health programs to pay for the
23 costs of consumers, family members, and other stakeholders to
24 participate in the planning process and for the planning and
25 implementation required for private provider contracts to be
26 significantly expanded to provide additional services pursuant to
27 Part 3 (commencing with Section 5800), and Part 4 (commencing
28 with Section 5850) of this division.

29 (d) Prior to making the allocations pursuant to subdivisions (a),
30 (b), and (c), funds shall be reserved for the costs for the State
31 Department of Health Care Services, the California Mental Health
32 Planning Council, the Office of Statewide Health Planning and
33 Development, the Mental Health Services Oversight and
34 Accountability Commission, the State Department of Public Health,
35 and any other state agency to implement all duties pursuant to the
36 programs set forth in this section. These costs shall not exceed ~~3.5~~
37 5 percent of the total of annual revenues received for the fund. The
38 administrative costs shall include funds to assist consumers and
39 family members to ensure the appropriate state and county agencies
40 give full consideration to concerns about quality, structure of

1 service delivery, or access to services. The amounts allocated for
2 administration shall include amounts sufficient to ensure adequate
3 research and evaluation regarding the effectiveness of services
4 being provided and achievement of the outcome measures set forth
5 in Part 3 (commencing with Section 5800), Part 3.6 (commencing
6 with Section 5840), and Part 4 (commencing with Section 5850)
7 of this division. The amount of funds available for the purposes
8 of this subdivision in any fiscal year shall be subject to
9 appropriation in the annual Budget Act.

10 (e) In 2004–05 funds shall be allocated as follows:

11 (1) Forty-five percent for education and training pursuant to
12 Part 3.1 (commencing with Section 5820) of this division.

13 (2) Forty-five percent for capital facilities and technology needs
14 in the manner specified by paragraph (2) of subdivision (a).

15 (3) Five percent for local planning in the manner specified in
16 subdivision (c).

17 (4) Five percent for state implementation in the manner specified
18 in subdivision (d).

19 (f) Each county shall place all funds received from the State
20 Mental Health Services Fund in a local Mental Health Services
21 Fund. The Local Mental Health Services Fund balance shall be
22 invested consistent with other county funds and the interest earned
23 on the investments shall be transferred into the fund. The earnings
24 on investment of these funds shall be available for distribution
25 from the fund in future years.

26 (g) All expenditures for county mental health programs shall
27 be consistent with a currently approved plan or update pursuant
28 to Section 5847.

29 (h) Other than funds placed in a reserve in accordance with an
30 approved plan, any funds allocated to a county which have not
31 been spent for their authorized purpose within three years shall
32 revert to the state to be deposited into the fund and available for
33 other counties in future years, provided however, that funds for
34 capital facilities, technological needs, or education and training
35 may be retained for up to 10 years before reverting to the fund.

36 (i) If there are still additional revenues available in the fund
37 after the Mental Health Services Oversight and Accountability
38 Commission has determined there are prudent reserves and no
39 unmet needs for any of the programs funded pursuant to this
40 section, including all purposes of the Prevention and Early

1 Intervention Program, the commission shall develop a plan for
2 expenditures of these revenues to further the purposes of this act
3 and the Legislature may appropriate these funds for any purpose
4 consistent with the commission's adopted plan which furthers the
5 purposes of this act.

6 (j) For the 2011–12 fiscal year, General Fund revenues will be
7 insufficient to fully fund many existing mental health programs,
8 including Early and Periodic Screening, Diagnosis, and Treatment
9 (EPSDT), Medi-Cal Specialty Mental Health Managed Care, and
10 mental health services provided for special education pupils. In
11 order to adequately fund those programs for the 2011–12 fiscal
12 year and avoid deeper reductions in programs that serve individuals
13 with severe mental illness and the most vulnerable, medically
14 needy citizens of the state, prior to distribution of funds under
15 paragraphs (1) to (6), inclusive, of subdivision (a), effective July
16 1, 2011, moneys shall be allocated from the Mental Health Services
17 Fund to the counties as follows:

18 (1) Commencing July 1, 2011, one hundred eighty-three million
19 six hundred thousand dollars (\$183,600,000) of the funds available
20 as of July 1, 2011, in the Mental Health Services Fund, shall be
21 allocated in a manner consistent with subdivision (c) of Section
22 5778 and based on a formula determined by the state in
23 consultation with the California Mental Health Directors
24 Association to meet the fiscal year 2011–12 General Fund
25 obligation for Medi-Cal Specialty Mental Health Managed Care.

26 (2) Upon completion of the allocation in paragraph (1), the
27 Controller shall distribute to counties ninety-eight million five
28 hundred eighty-six thousand dollars (\$98,586,000) from the Mental
29 Health Services Fund for mental health services for special
30 education pupils based on a formula determined by the state in
31 consultation with the California Mental Health Directors
32 Association.

33 (3) Upon completion of the allocation in paragraph (2), the
34 Controller shall distribute to counties 50 percent of their 2011–12
35 Mental Health Services Act component allocations consistent with
36 Sections 5847 and 5891, not to exceed four hundred eighty-eight
37 million dollars (\$488,000,000). This allocation shall commence
38 beginning August 1, 2011.

39 (4) Upon completion of the allocation in paragraph (3), and as
40 revenues are deposited into the Mental Health Services Fund, the

1 Controller shall distribute five hundred seventy-nine million dollars
2 (\$579,000,000) from the Mental Health Services Fund to counties
3 to meet the General Fund obligation for EPSDT for fiscal year
4 2011–12. These revenues shall be distributed to counties on a
5 quarterly basis and based on a formula determined by the state in
6 consultation with the California Mental Health Directors
7 Association. These funds shall not be subject to reconciliation or
8 cost settlement.

9 (5) The Controller shall distribute to counties the remaining
10 2011–12 Mental Health Services Act component allocations
11 consistent with Sections 5847 and 5891, beginning no later than
12 April 30, 2012. These remaining allocations shall be made on a
13 monthly basis.

14 (6) The total one-time allocation from the Mental Health
15 Services Fund for EPSDT, Medi-Cal Specialty Mental Health
16 Managed Care, and mental health services provided to special
17 education pupils as referenced shall not exceed eight hundred
18 sixty-two million dollars (\$862,000,000). Any revenues deposited
19 in the Mental Health Services Fund in fiscal year 2011–12 that
20 exceed this obligation shall be distributed to counties for remaining
21 fiscal year 2011–12 Mental Health Services Act component
22 allocations, consistent with Sections 5847 and 5891.

23 (k) Subdivision (j) shall not be subject to repayment.

24 (l) Subdivision (j) shall become inoperative on July 1, 2012.

25 *SEC. 3. For the purpose of the Investment in Mental Health*
26 *Wellness Act of 2013, the amount of five hundred thousand dollars*
27 *(\$500,000) is hereby appropriated from the General Fund to the*
28 *California Health Facilities Financing Authority to implement*
29 *grant programs to support the development, capital, equipment*
30 *acquisition, and applicable program startup or expansion costs*
31 *to increase capacity for client assistance and services for*
32 *individuals with mental health disorders. The authority may*
33 *administratively establish positions for this purpose. These funds*
34 *shall be available for encumbrance and expenditure until June 30,*
35 *2016.*

36 *SEC. 4. This act is a bill providing for appropriations related*
37 *to the Budget Bill within the meaning of subdivision (e) of Section*
38 *12 of Article IV of the California Constitution, has been identified*
39 *as related to the budget in the Budget Bill, and shall take effect*
40 *immediately.*

1 *SEC. 5. The Legislature finds and declares that this act clarifies*
2 *procedures and terms of the Mental Health Services Act within*
3 *the meaning of Section 18 of the Mental Health Services Act.*

4 ~~SECTION 1. It is the intent of the Legislature to enact statutory~~
5 ~~changes relating to the Budget Act of 2013.~~